

FOR SCSL USE ONLY --
LSTA Sub-Grant Award # _____
FFY 2006 Program Funds
CFDA No. 45.310
Appropriations enacted by P.L. 109-149

#LS-00-06-0041-06
South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia, S.C. 29211

**CONTINUING EDUCATION (CE) GRANTS FOR S.C. PUBLIC LIBRARY STAFFS/TRUSTEES
FFY 2006 PROGRAM FUNDS, P.L. 108-81, As Amended**

Application -- Part I of III

Please return one (1) original and one (1) copy of this application to:

*ATTN: Continuing Education Coordinator
South Carolina State Library
P.O. Box 11469
Columbia, SC 29211*

Relationship to the State Library's 5-Year Plan

Goal I – Enhance the informational services environment of South Carolinians by improving access to library resources and materials through the superior guidance and training of professional librarians and support staff.

Relationship to LSTA Purposes

Purpose #1 - Expanding services for learning and access to information and educational resources in a variety of formats, in all types of libraries, for individuals of all ages.

Estimated number of persons in target audience for grant: _____

This is an estimate of the number in the target group who will directly benefit from the training the staff member is to receive. For example, total number of young adult borrowers, total staff of a department, etc. A description of the target group and their need for the services or expertise that is expected to result should be included in Parts II and III of this application. *(See LSTA Guidelines, Chapter VII, "LSTA Project Application Process," and "Appendices – User Descriptors")*

- I. The Board of the _____ Library, in order to improve library service through the CE of library personnel and trustees, submits this application for a Library Services and Technology Act sub-grant of \$ _____.
- II. The Board proposes to use the funds in accordance with the project described in the application. The Board agrees that the amount of local funds budgeted for library service will not be reduced due to receipt of grant funds.
- III. Participants may be required to submit an article, newspaper interview, or make formal or informal presentations at South Carolina State Library sponsored workshops and events.

Applicant Signature *(Applicant is the library, not the participant)* _____
Signature (Library Director or Board Chair)

Date: _____

NOTE: Neither the preparation nor the submission of an application guarantees final approval of an LSTA CE sub-grant request.

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Application -- Part II of III

Please return one (1) original and one (1) copy of this application to:

ATTN: Continuing Education Coordinator, South Carolina State Library, P.O. Box 11469, Columbia, SC 29211

THIS CONTRACT PAGE MUST BE COMPLETED BY THE LIBRARY DIRECTOR

Please complete a separate page for each participant. Library directors applying for CE grants should consult with library board chairs and should have this form signed by their board chair.

This grant will be awarded by the Board to _____, who began service on _____, and currently holds the position of _____ and works _____ hours per week.

1. Describe the current position and responsibilities of the above named participant.

2. Describe how the CE event that is to be funded by the LSTA grant will improve the level of services provided by the library to its clientele. Please be specific and include a description of the target group and their need for the services or expertise that is expected to result. (See LSTA Guidelines, Chapter VII, "LSTA Project Application Process," and "Appendices – User and Service Descriptors")

Signature: _____
(Library Director or Board Chair)

Date: _____

**Attach additional sheets as needed.*

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Application -- Part III of III

Please return one (1) original and one (1) copy of this application to:
ATTN: Continuing Education Coordinator, South Carolina State Library, P.O. Box 11469, Columbia, SC 29211

THIS PAGE MUST BE COMPLETED BY THE PARTICIPANT

Please complete a separate page for each CE event for which LSTA funding is sought. **A description of the CE event** (e.g., brochure, registration form, print copy of web site description, etc.) **must be included with the application.**

Name of CE event: _____

Sponsoring Organization: _____

Location: _____

Date(s): _____

Participant Name and title (Please print): _____

Proposed Budget: See LSTA Guidelines, Chapter VII, "LSTA Project Application Process", Part II, Writing a Project Narrative, Budget Documentation and Justification. Although in-kind support may be factored in to meet the 34% required match, cash support from state, local, and other sub-grantee funding sources is strongly recommended, as evidence of local involvement and a commitment to the expected outcomes.

		Matching Funds**			TOTAL EXPENSES
	LSTA Funds	State Aid	Local	Other	
Registration					
Lodging					
Transportation					
Incidentals*					
TOTAL					

****Attach a separate sheet.** Specify which matching dollar amounts are in-kind contributions (the value of goods and services provided toward the project, e.g., staff time). ***Specify incidentals.** Include only allowable costs. See LSTA Guidelines, Chapter IX, "Administrative Guidelines" and "Appendices - Allowable/Unallowable Costs – Travel."

Narrative Section

ATTACH A SEPARATE SHEET. Describe your expectations as to how this CE event will enhance your current level of performance and your role in improving library services to the target group described in Part II; Include any additional relevant information about the target group and their need for the services or expertise that is expected to result. (See LSTA Guidelines, Chapter VII, "LSTA Project Application Process," and "Appendices – User and Service Descriptors")

Signature: _____
(Participant)

Date: _____